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As a provider, If your PSA *Part 1: Provider Organizational Compliance* results did not find your organization COMPLIANT in the 5 areas of HCBS compliance, you must resubmit your self-assessment in REDCap. The resubmission titled *Part 1.2 DD Waiver Provider Self Assessment* and is intended to validate provider organizational compliance.

This self-assessment companion document provides instructions and guidance for responding to questions and determining evidence.

Evidence means the types of documentation that confirm narrative responses and demonstrate compliance with the HCBS requirements. Evidence will be used to validate provider narrative responses and assist with compliance determinations.

Do not upload an entire policy and procedure manual. We are not able to search large documents for specific information. Upload only the pertinent information.

This companion document is designed to be used as a side-by-side tool while completing the provider self-assessment.

HCBS Self-Assessment Part 1.2: DD Waiver Provider Self Assessment	
E S. ttl	Part 1: If you are a provider of DD waiver GSE services your response to the questions, and evidence submitted, should reflect your organization's approach for ensuring all settings/work locations are compliant with HCBS settings requirements. It is strongly recommended that you use this self-assessment companion document as a side-by-side tool as you complete the self-assessment. Evidence for some questions may be duplicative. You do not need to upload the ame evidence multiple times. Simply reference in the narrative response that he evidence was uploaded and reference the question number associated with he uploaded evidence, indicate how the evidence demonstrates compliance. Do not upload an entire policy and procedure manual. We are not able to earch large documents for specific information. Upload only the pertinent information.

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Question 1a: Do ALL individuals receiving GSE services in ALL of your settings/work locations have the opportunity to engage with people not receiving HCBS services at the worksite? Q 1b: Describe how your organization ensures individuals receiving GSE services are integrated into the worksite and not isolated from other employees.	Provide a narrative response and identify evidence. Evidence of Compliance: Evidence may include provider policies, provider community integration practices, examples of types of engagement and frequency, photos. A few questions to consider: • Are individuals invited to the business's holiday parties and other work related social events?
Q 1c: Upload Evidence	 Do individuals take breaks and eat meals with other worksite employees? If so, describe what this looks like in your narrative response.
Question 2a: As an organization, do	A YES response indicates this statement is true.
you have policies outlining the HCBS specific rights of individuals receiving	
GSE services?	Provide a narrative description of how policies are made available and identify
O2h. Duanida an anamian and identify	your evidence. Evidence of Compliance. As evidence, attach policies outlining
Q2b: Provide an overview and identify your evidence.	HCBS rights of individual receiving services and how that information is made available to individuals and families. Sign off sheets/documentation of receipt
Q2c: Upload Evidence	of policy, notification policy, etc
Question 3a: Have all individuals receiving services in all your settings been made aware of their HCBS rights?	A YES response indicates this statement is true.
Q3b: Describe your process for informing individuals of their HCBS rights and the date when your organization completed the notifications. Is the disclosure of rights documented for each individual?	Provide a narrative overview of your process for notifying individuals/families of HCBS specific rights. This is intended to assure that all individuals in all settings have been notified of their HCBS rights as an individual receiving Medicaid waiver home and community based services.
Q3c: Upload your evidence: (disclosure form)	As evidence, provide a copy of your disclosure form. This form should be maintained in the individual's record. Please provide a document that includes your name and NPI number providing confirmation/attestation that all individuals in all settings have been notified of their HCBS rights and include the number of individuals you support.
Question 4a: Do paid staff and worksite employees, as appropriate, receive HCBS training and education related to	A YES response indicates this statement is true
the rights of individuals receiving HCBS and member experience as outlined in HCBS rules?	Provide a narrative response and identify evidence. Evidence of Compliance: Provider policies detailing requirements for volunteer/staff training on HCBS rights and how member experience is
Q4b: As an organization, describe your	documented
process for staff training and education	
on individual's rights and experience as	Upload evidence
outlined in HCBS rules.	

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Question 5a. Have all paid staff and worksite employees, as appropriate, received information and training on HCBS specific rights per your agency's staff training policy? Q5b: Provide details of staff training across worksites, e.g. training dates, who conducted the training, is there documentation for each staff	A YES response indicates this statement is true. Provide a narrative overview of your process for training staff in all settings. This is intended to assure that all staff across all settings have received information and training on HCBS rights and their responsibility to ensure rights are respected and enforced.
Q5c: Upload your evidence	As evidence provide a copy of your staff training documentation form that includes HCBS rights training. This form should be maintained in staff records. Please provide a document that includes your name and NPI number providing confirmation/attestation that all staff in all settings have been educated/trained.
Question 6a: As a provider of Medicaid HCBS, do you ensure freedom from coercion and restraint? And, if yes, describe the actions you take. Q 6b: Provide a brief overview of your process and/or policy and identify your evidence of compliance. Q6c: Upload your evidence Question 7a: Does the person centered service planning process ensure individuals' choices and preferences are honored and respected? Q7b: Describe how your organization ensures individuals' choices and preferences are honored and respected. Q7c: Upload Evidence	Provide a narrative response and identify evidence. Evidence of Compliance: Evidence may consist of staff training, policies and procedures, strategies and practice for determining individual choices and preferences, organizational practices related to Positive Behavioral Supports. A YES response indicates this statement is true For example, how are choices and preference identified in the PCP meeting? And, how are an individual's choices and preferences incorporated into their services and life? Provide a narrative response and identify evidence. Evidence of Compliance: policies and procedures, staff training, forms and documentation, examples of choices and preferences being honored and how those examples represent an organizational practice, etc A YES response indicates this statement is true
reviewed the HCBS Toolkit?	

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Question 9a: Has your organization	A YES response indicates this statement is true
implemented additional compliance actions to strengthen compliance in settings? Q9b: Describe the actions taken.	Describe additional compliance actions taken ensure compliance across all settings and strengthen compliance. Actions taken may include: Policies include person centered references (no institutional or outdate references/terminology) Staff position descriptions demonstrate an expectation of HCBS knowledge and adherence to requirements Incorporate a policy and practice to regularly seek input from
	 individuals supported and their families/guardians on their experience with services and recommendations to enhance community participation. Develop and implement an HCBS compliance self-assessment for staff to determine staff perceptions of each settings' compliance with HCBS rights and expectations and recommendations for improvement. Additional strategies can be found in the HCBS Toolkit.
Q9c: Upload your evidence	Upload evidence in support of additional actions taken.
Question 10: Please describe your agency's approach to completing the self-assessment process. The response should include the organizational approach as well as setting specific approach.	Provide a narrative response detailing the approach taken to complete the self-assessment. Providers are strongly encouraged to include individuals and families in their provider self-assessment process. For example, this could be accomplished through a survey or telephone interviews and/or focus group discussions with individuals and families. In addition, feedback from community partners, support coordinators, and other community connections could be sought to gain meaningful insight and input for the provider self-assessment. The engagement of stakeholders when completing the provider self-assessment may serve as evidence of compliance.